

## HINTS PROPOSAL

**Proposed Title:** Differences in source credibility ratings for cancer information among Spanish-responding and English responding Hispanics/Latinos to the HINTS survey

**Co-authors:**

Marla Clayman	301.435.4986	<a href="mailto:claymanm@mail.nih.gov">claymanm@mail.nih.gov</a>
K. Vish Viswanath	301.435.6816	<a href="mailto:viswanav@mail.nih.gov">viswanav@mail.nih.gov</a>
Brad Hesse	301.594.9904	<a href="mailto:hesseb@mail.nih.gov">hesseb@mail.nih.gov</a>
Neeraj Arora	301.594.6653	<a href="mailto:aroran@mail.nih.gov">aroran@mail.nih.gov</a>

**Research questions:**

1. What are the source credibility ratings for cancer information of self-described Hispanics?
2. How do English-responding and Spanish-responding subjects differ on their ratings of source credibility?
3. How are source credibility ratings among English- and Spanish respondents different from those of non-Hispanics?
4. What are the determinants of the source credibility ratings?

**Study description/rationale:**

Cancer information is available to people from many sources. People and organizations that provide cancer-related materials have an interest in ensuring that the public receives accurate and accessible. Previous studies have shown that commonly used sources of health information vary by ethnicity (O'Malley, Kerner, & Johnson, 1999), race (Nicholson, Grason, & Powe, 2003) and acculturation (O'Malley et al., 1999). In addition some sources tend to be rated more highly than others. For example, physicians have been reported as highly credible with respect to cancer information among a population-based American Midwest sample (Johnson & Meishcke, 1992).

Hispanics are expected to be the second-fastest growing population of those 65 and over and already have some of the highest rates of chronic disease (US Admin of Aging, 2002). Although Hispanics/Latinos are less likely to develop cancer than non-Hispanic whites, cancer still accounts for 20% of deaths (American Cancer Society, 2003). They are more likely to develop certain types of cancer, including stomach and cervical, and are less likely to receive recommended screening (American Cancer Society, 2003). In addition, Hispanics are more likely to be overweight or obese and engage in less physical activity compared to non-Hispanic whites (American Cancer Society, 2003).

Two-fifths of Hispanics in the United States are foreign-born, and a similar proportion has less than a high school education (Ramirez & de la Cruz, 2002). Hispanics/Latinos are not a homogenous group, however. Although people of Mexican origin comprise the largest group of Hispanics in the US, Hispanics may also come from or have origins in other parts of Central

---

America, South America, or the Caribbean (Ramirez & de la Cruz, 2002)<sup>1</sup>. Some differences among Hispanics may affect how well Hispanics access health information. A language barrier may complicate efforts to reach some individuals. More than half of those who reported speaking Spanish at home reported that they speak English less than “very well” (Shin & Bruno, 2003).

Moreover, there are also socio-demographic differences among groups of Hispanics that may influence both cancer risk and access to cancer information. For example, those of Mexican descent have the lowest proportion of people with at least a high school education, while Cubans report the highest educational attainment (Ramirez & de la Cruz, 2002).

The aim of this proposed research is to explore both differences and similarities among self-identified Hispanics/Latinos, using language of interview as a proxy for acculturation. No study to date has examined cross-channel credibility for cancer information comparing English-respondents to Spanish-respondents. This dataset affords an exciting opportunity to examine whether self-identified Hispanics/Latinos who answer the questionnaire in English trust sources of cancer information differently than those who answer in Spanish.

## **Methods**

### **Hispanic status**

Only respondents who answered question dm4hispanic “Are you Hispanic or Latino?” are eligible for this analysis.

### **Variable list:**

The main variables will be all questions under Question HC-18 (How much would you trust the information about cancer from [FILL SOURCE]?).

hc18atrustedoctor

hc18btrustedfamily

hc18ctrustednewspapers

hc18dtrustedmagazines

hc18etrustedtelevision

hc18ftrustedradio

hc18gtrustedInternet

Other variables in analyses will be sociodemographic and media exposure:

spage

First, what is your age?

spgender

Are you male or female?

dm1maina

What is your employment status?

dm2maritalstatus

What is your marital status?

dm5race

What is your race?

dm6education

Highest grade/year of school completed?

dm7aincome25thousand

Is income less than 25K?

dm7bincome20thousand

Is income less than 20K?

---

<sup>1</sup> The U.S. Census currently allows respondents to identify their Hispanic/Latino origin as Mexican, Puerto Rican, Cuban, Central or South American, or Other.

dm7cincome15thousand	Is income less than 15K?
dm7dincome10thousand	Is income less than 10K?
dm7eincome35thousand	Is income less than 35K?
dm7fincome50thousand	Is income less than 50K?
dm7gincome75thousand	Is income less than 75K?
dm7hincomeover75thousand	Is income 75K or more?
fwgt	Final full-sample weight
spaneng	Interview in Spanish or English
ch1everhadcancer	personal cancer history
ch4familyeverhadcancer	family cancer history
hc6awatchtv	how many hours watch TV on a typical weekday
hc6blistenradio	how many hours listen radio on a typical weekday
hc7areadnewspaper	how many days read newspaper in last week
hc7breadmagazine	how many days read magazine in last week
hc20useinternet	ever go online
hc8aattendtv	how much attention paid to health or medical topic from tv
hc8battendradio	how much attention paid to health or medical topic from radio
hc8cattendnewspaper	how much attention paid to health or medical topic from newspaper
hc8dattendmagazines	how much attention paid to health or medical topic from magazines
hc8eattendinternet	how much attention paid to health or medical topic from internet

**Method of analysis:**

Hispanics/Latinos will be divided by whether they completed the questionnaire in Spanish or English. Those who completed the questionnaire in Spanish (n=334) may trust sources of cancer information differently from those who completed it in English (n=430). Linear regressions will be used with the source credibility questions as dependent variables.

**Targeted Journal: Unknown as of yet**

---

Reference List

American Cancer Society (2003). Cancer Facts and Figures for Hispanics/Latinos (Report number 8623.00). Atlanta, Georgia: American Cancer Society

Johnson, J. D. & Meishcke, H. (1992). Differences in evaluations of communication channels for cancer-related information. *J.Behav.Med.*, 15, 429-445.

Nicholson, W. K., Grason, H. A., & Powe, N. R. (2003). The relationship of race to women's use of health information resources. *American Journal of Obstetrics and Gynecology*, 188, 580-585.

O'Malley, A. S., Kerner, J. F., & Johnson, L. (1999). Are we getting the message out to all? Health information sources and ethnicity. *American Journal of Preventive Medicine*, 17, 198-202.

Ramirez, R.R. & de la Cruz, G.P. (2002). The Hispanic Population in the United States: March 2002, Current Population Reports, P20-545, U.S. Census Bureau, Washington, D.C.

Shin, H.B. & Bruno, R. (2003). Language use and English-speaking ability: 2000. October 2003. Census 2000 Brief, C2KBR-29, U.S. Census Bureau, Washington, D.C.

U.S. Administration on Aging (2002). Serving our Hispanic American Elders. Retrieved January 9, 2004, from [http://www.aoa.gov/press/fact/alpha/fact\\_serving\\_hispanicamer.asp](http://www.aoa.gov/press/fact/alpha/fact_serving_hispanicamer.asp)

---